



Express Mail No.: EB 132 603 115 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Mark C. BATES

Confirmation No.: 9083

Serial No.: 10/822,037

Art Unit: 3763

Filed: 04/08/2004

Examiner: BOUCHELLE,  
Laura A.

For: APPARATUS FOR THE  
DELIVERY OF DRUGS OR  
GENE THERAPY INTO A  
PATIENT'S VASCULATURE  
AND METHODS OF USE

Attorney Docket No: 012212-0002-999

PETITION FOR EXTENSION OF TIME UNDER 37 CFR § 1.136(a)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

It is respectfully requested that the time for response to the Office Action dated May 2, 2007 be extended for a period of 3 month(s) from August 2, 2007 to and including November 2, 2007.

The fee for this extension is estimated to be \$525.00. Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: November 9, 2007

By:   
Regis C. Worley, Jr.

Reg. No. 58,430

For: Nicola A. Pisano

Reg. No. 34,408

JONES DAY

222 East 41st Street

New York, New York 10017  
(858) 314-1200

00000045 503013 10822037  
02 FC:2253 525.00 DA

Adjustment date: 12/13/2007 CKHLQK  
11/13/2007 ATRINH 00000045 503013 10822037  
02 FC:2253 525.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>12/12/07</u>		2 Serial/Patent # <u>10822037</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
✓	Extension of Time	—	11/10/07	\$ 525.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 525.00								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> </tr> </table>			5	0	--	3	0	1	3
5	0	--	3	0	1	3					
✓	No Fee Due (Explanation):										
EOT not necessary											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Liana Walsh</u>			TITLE: <u>Pet Examiner</u>								
SIGNATURE: <u>[Signature]</u>			PHONE: <u>23206</u>								
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>			DATE: <u>12/13/07</u>								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**